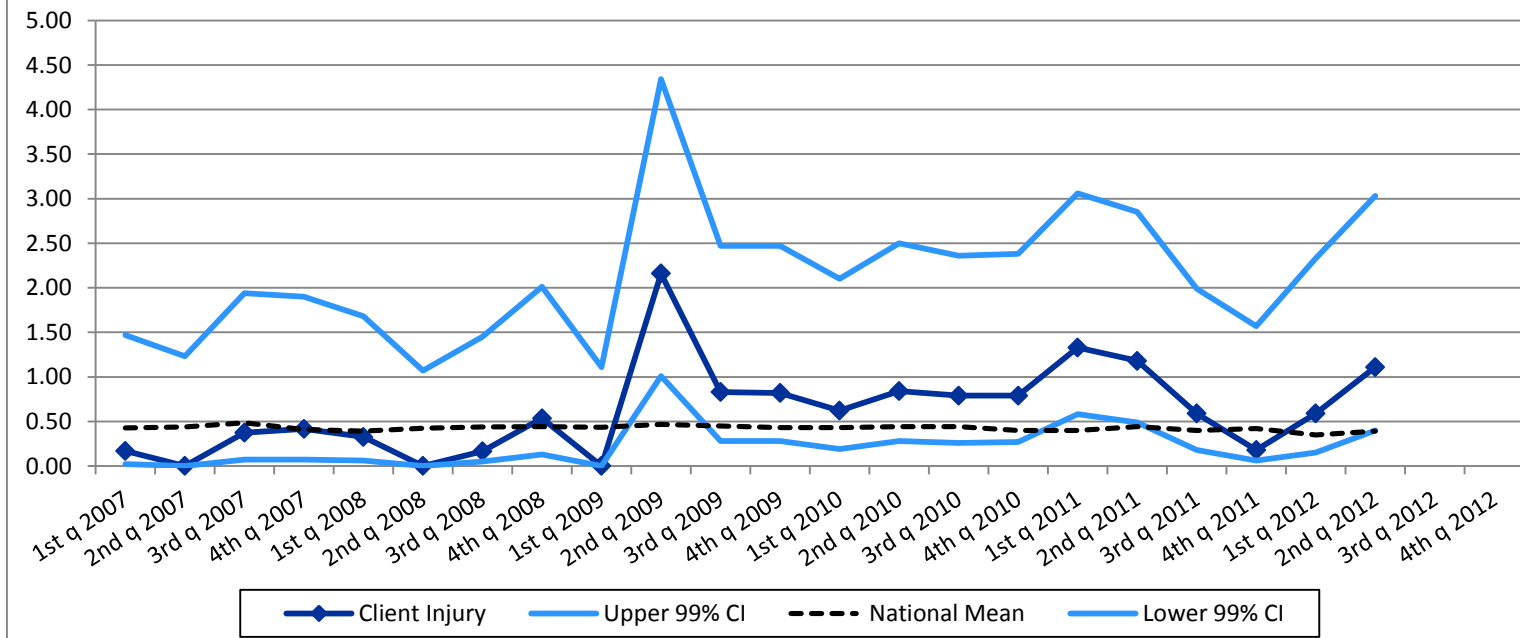
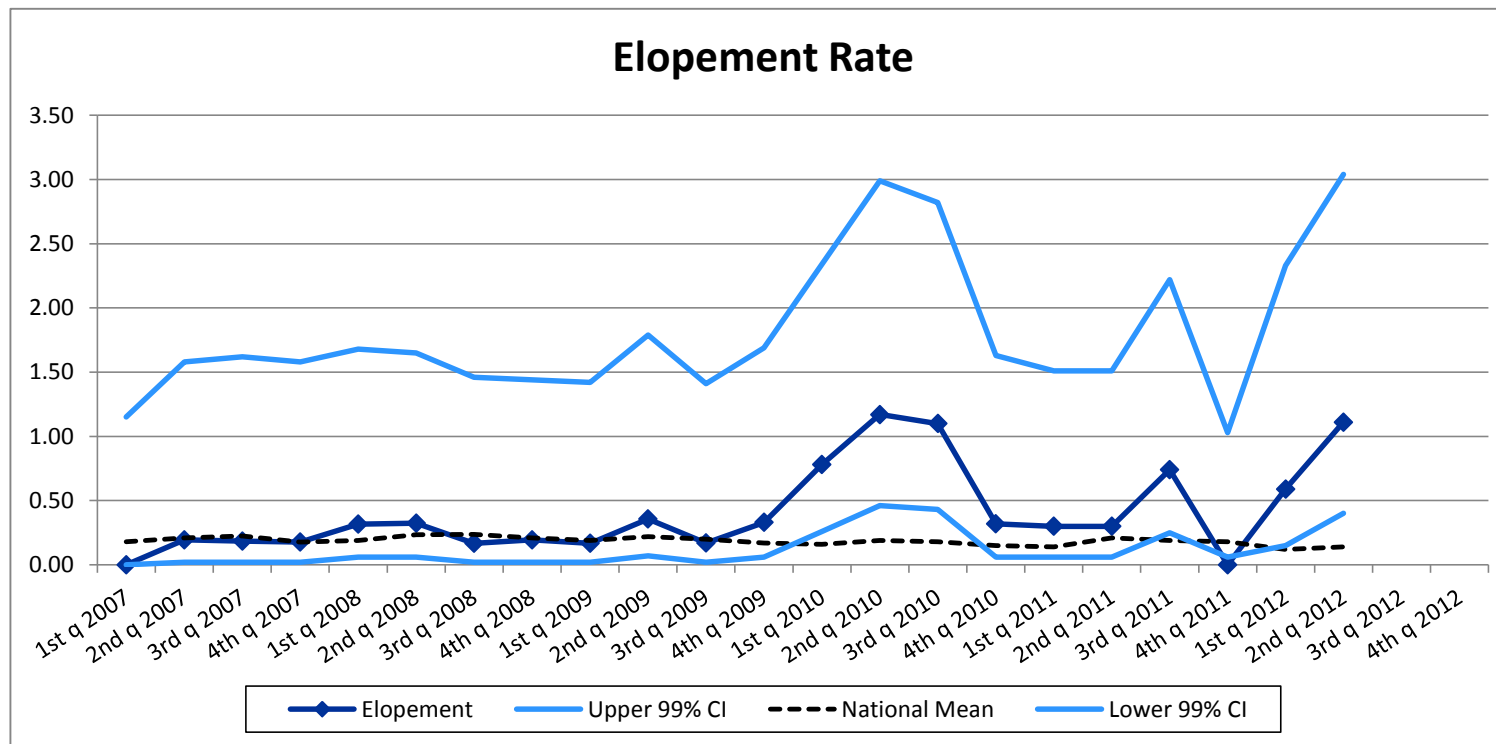


Client Injury Rate / 1000 Inpt days

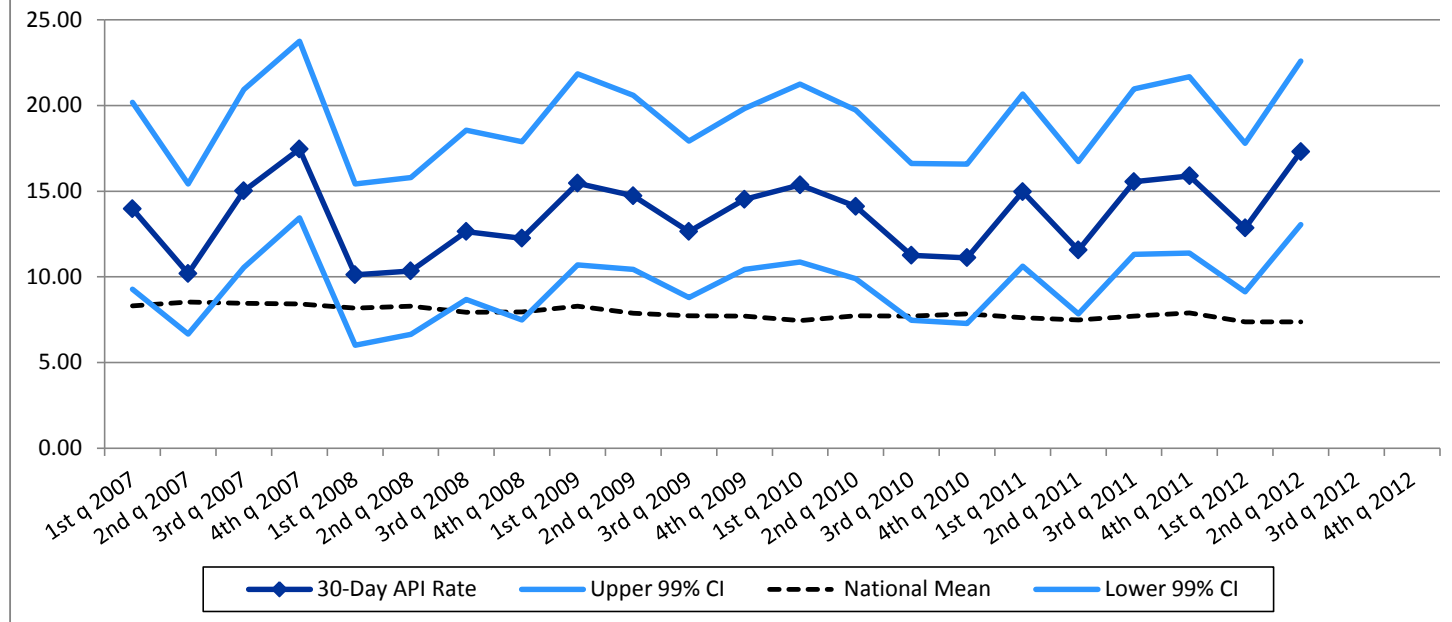


The upsurge for the second quarter of 2009 is the result of a confluence of multiple patient issues including; patient seizures, patient falls, and peer to peer assaults. The sustained rise above the national mean from the second quarter 2009 through the third quarter 2011 is significant and could point to a trend change. API has initiated efforts to evaluate our care environment, utilization of program and staff training to identify effective ways to mitigate the trend. After a prolonged stretch above the national mean the measure moved below the mean in the 4th quarter 2011.

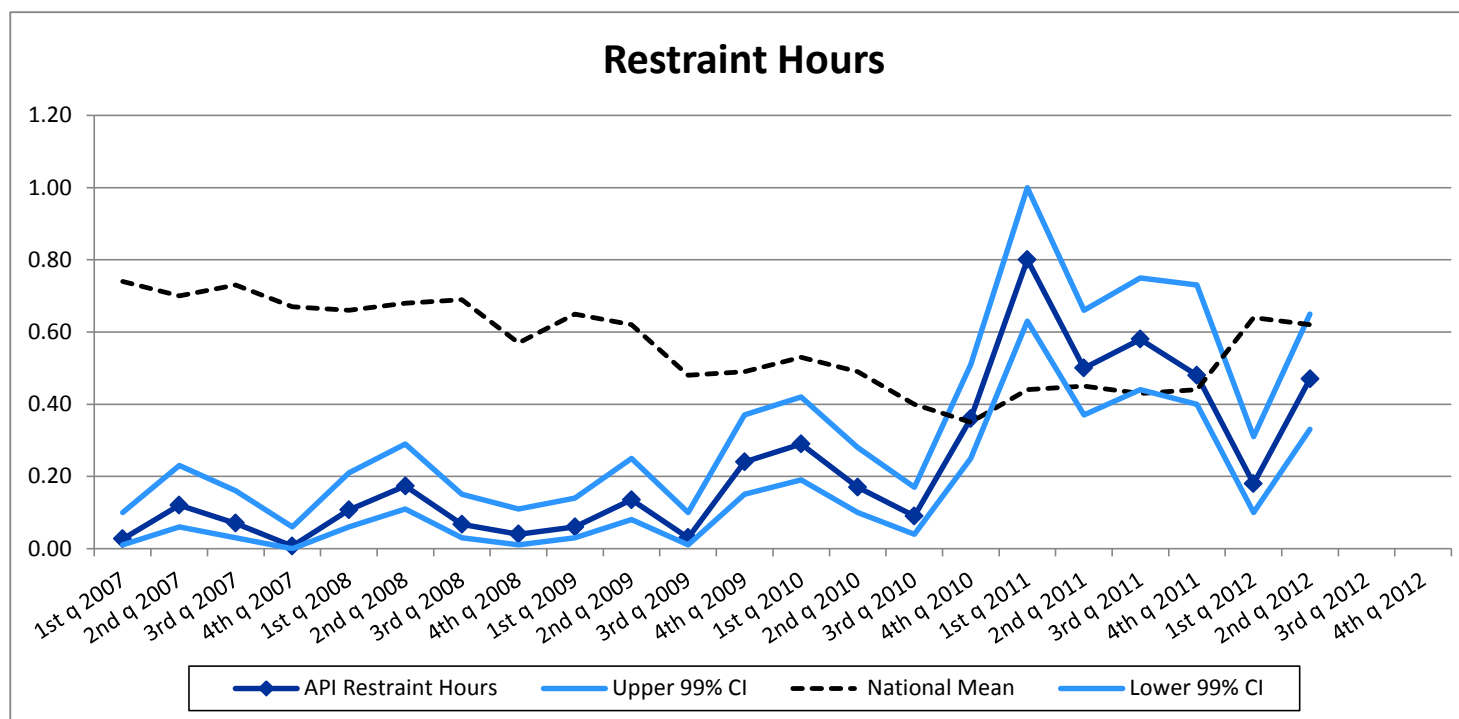


Increasing emphasis is being placed on recovery and patient centered treatment which necessitates allowing patients more independence. Given this shift in treatment paradigm, the recent increase in elopements is not a surprising development. During the first and second quarters of 2012, the rate of patients eloping while on pass to an ALF increased markedly due to two patients unwilling to follow treatment plans. API is currently working to improve the discharge planning process and community provider engagement to improve client outcomes at the point in their care when we are most likely to see elopement.

30-Day Readmission Rate (Discharge Cohort)

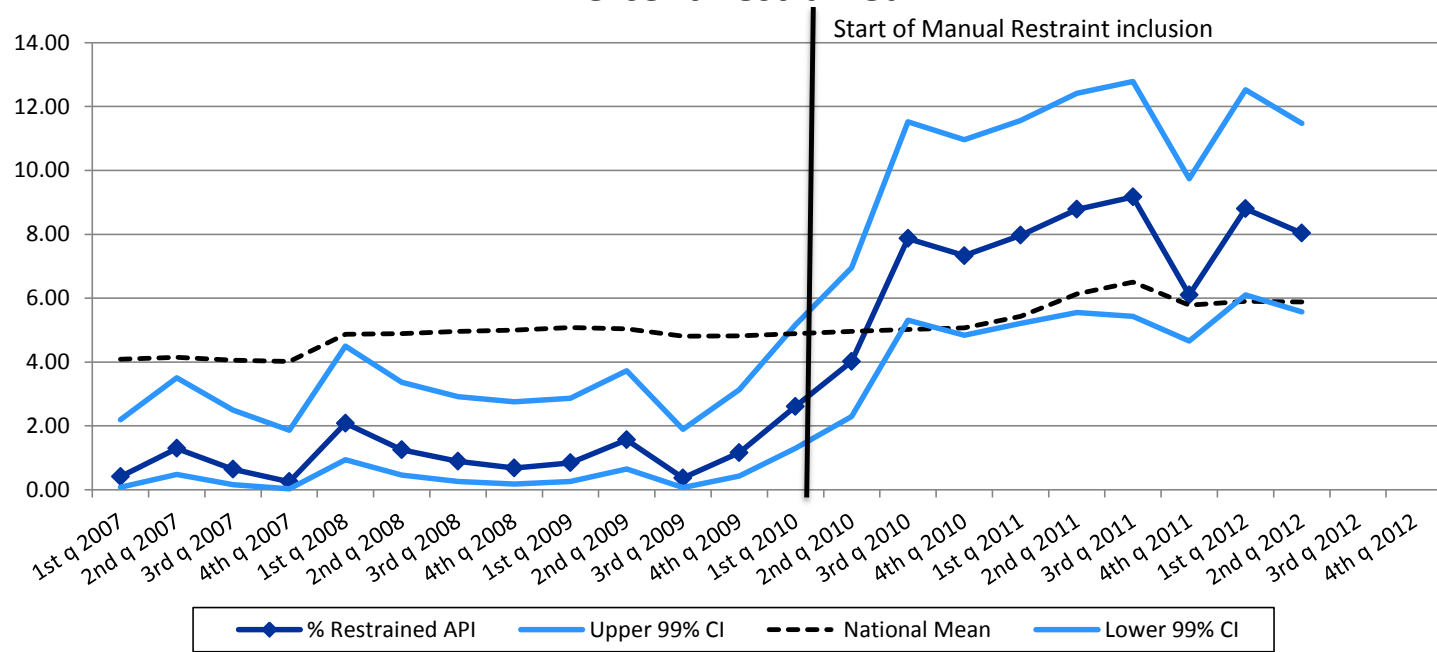


The 30-Day re-admission rate at API has been consistently above the National Mean over the last 5 years. The difference between the 30-day re-admission rate at API and the National mean is statically significant at each point where the lower 99% confidence interval is above the (black dashed) National Mean line. API is working to improve outcomes through evaluation of its discharge process, collaboration with DBH and community providers in the goal of improving client outcomes post discharge.

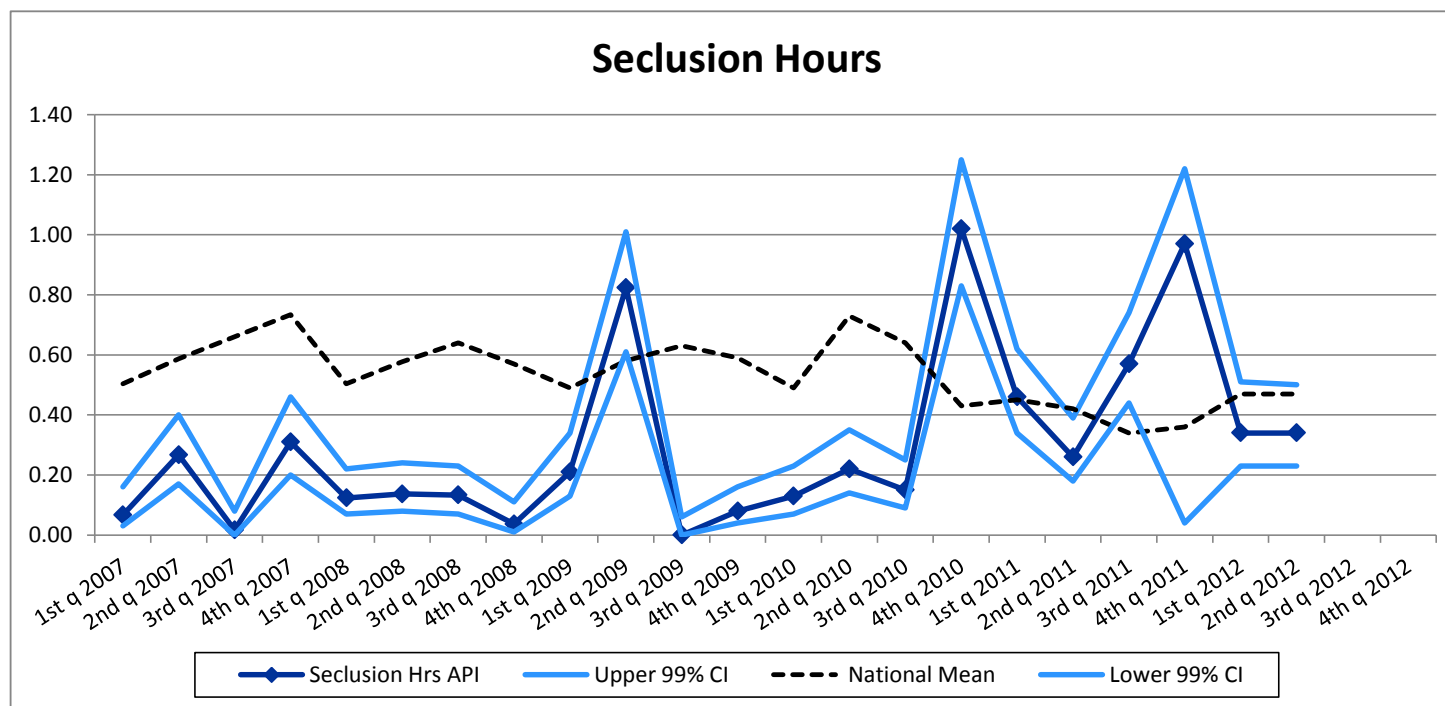


API has traditionally maintained restraint hours per 1000 inpatient hours well below the national mean for this measure. Over the last five quarters API has seen a marked increase in restraint hours. API continues to monitor this important indicator as part of its commitment to providing the best possible care for our clients. API has identified objectives to improve treatment programming, client engagement, and other best practice measures to work toward a reduction in restraint and seclusion use in the hospital.

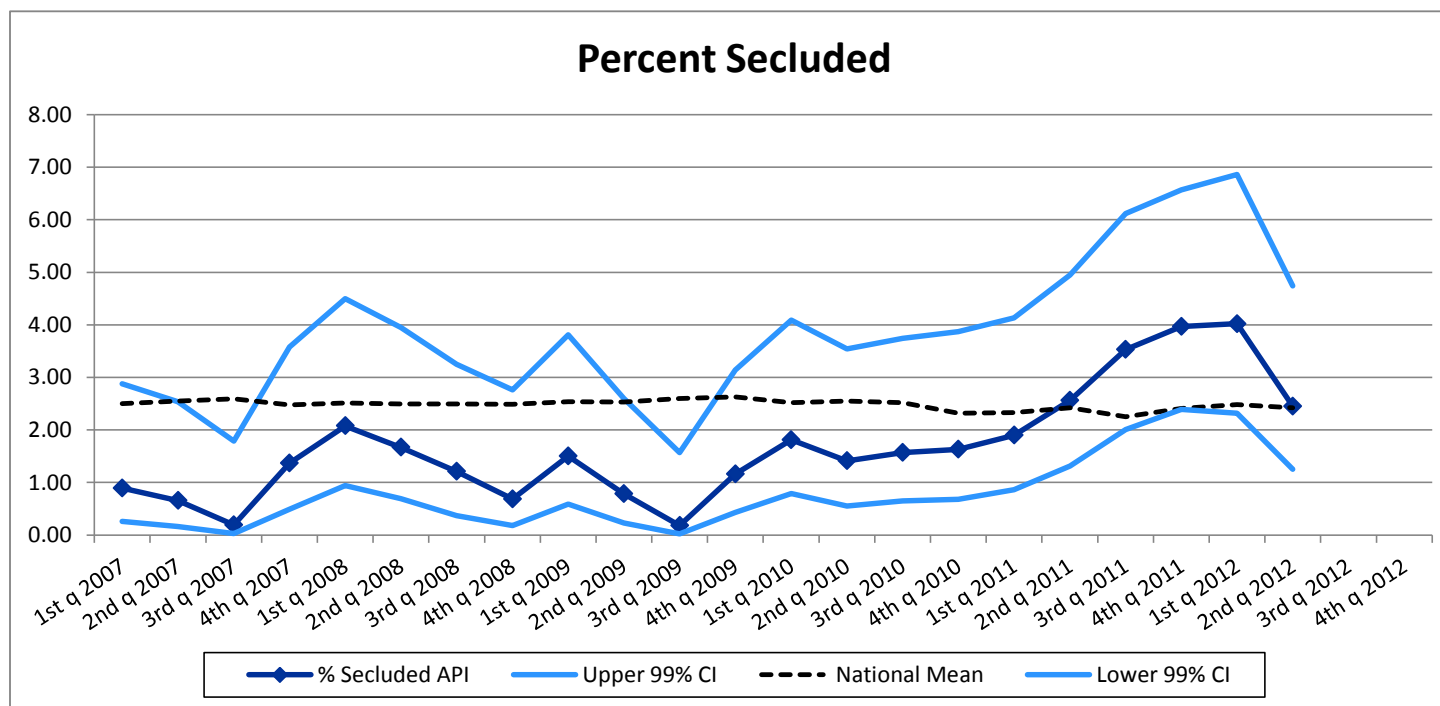
Percent Restrained



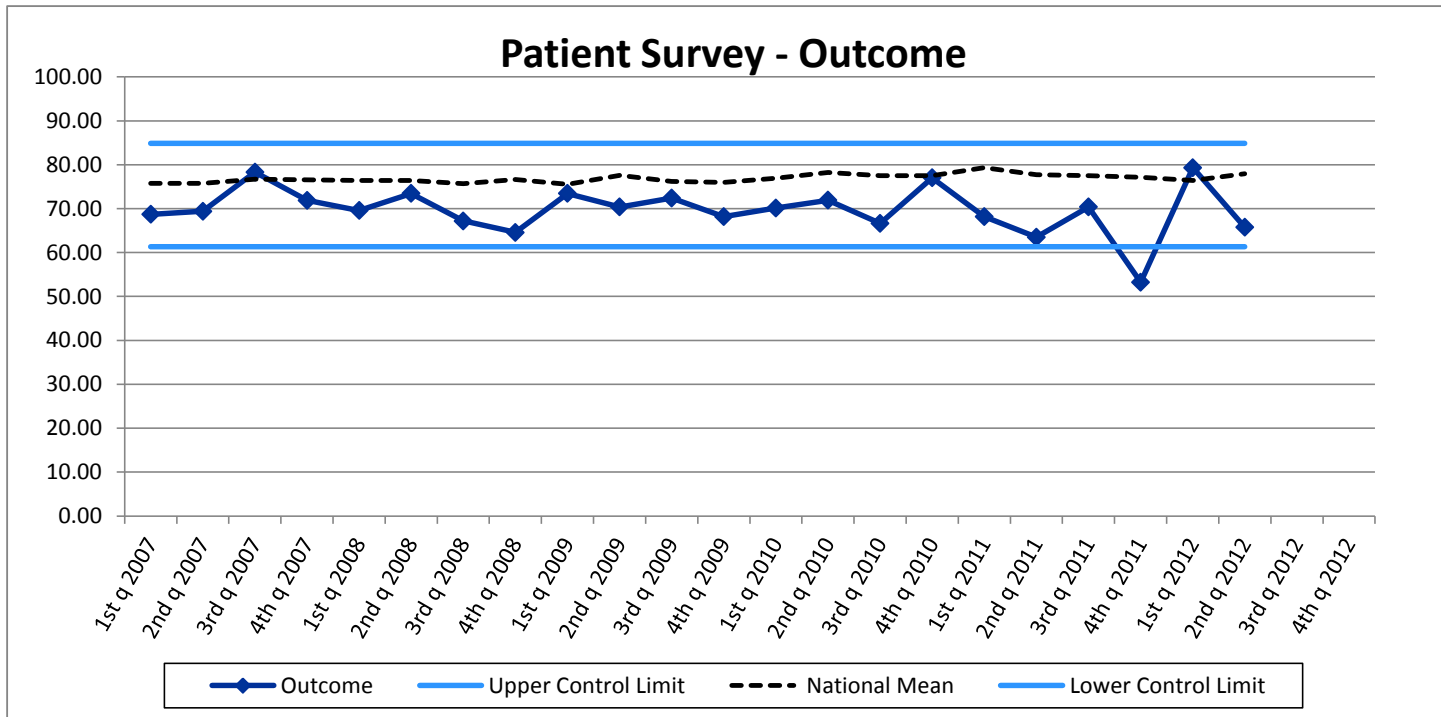
The percentage of patients restrained at API remained consistently well below the national mean between the first quarter of 2004 and the fourth quarter of 2009. Beginning with the first quarter of 2010, the measure also includes the patients that are manually restrained for five minutes or less. The percent of patients restrained will reflect this change in how the measure is calculated.



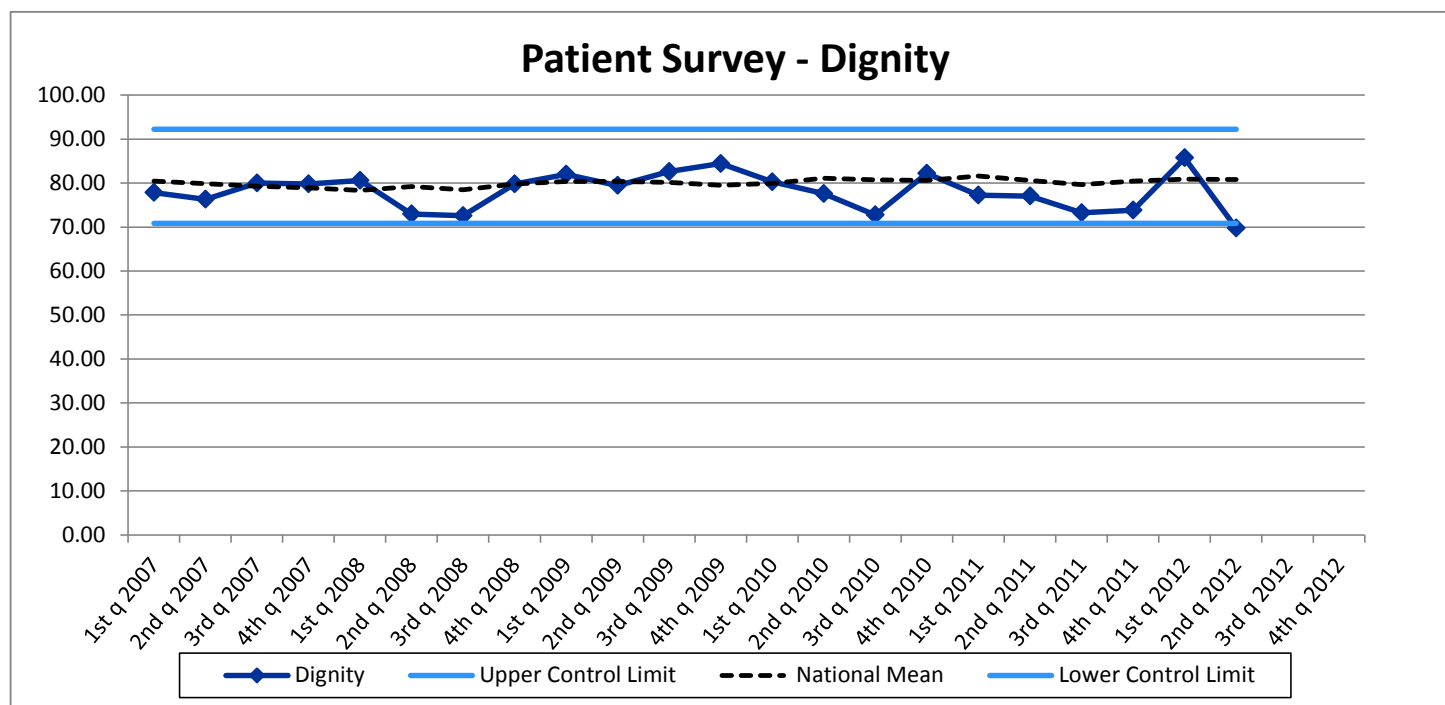
The total number of seclusion hours per 1000 inpatient hours at API has moved from consistently below the national mean with occasional outliers to a less stable pattern over the last eight quarters. API has adopted this as a quality measure and has identified initiatives designed to decrease the volatility of the measure and decrease use of seclusion by 20% in the current fiscal year.



As identified in the percent secluded measure; API has identified objectives to improve treatment programming, client engagement, and other best practice measures to work toward a reduction in restraint and seclusion use in the hospital.

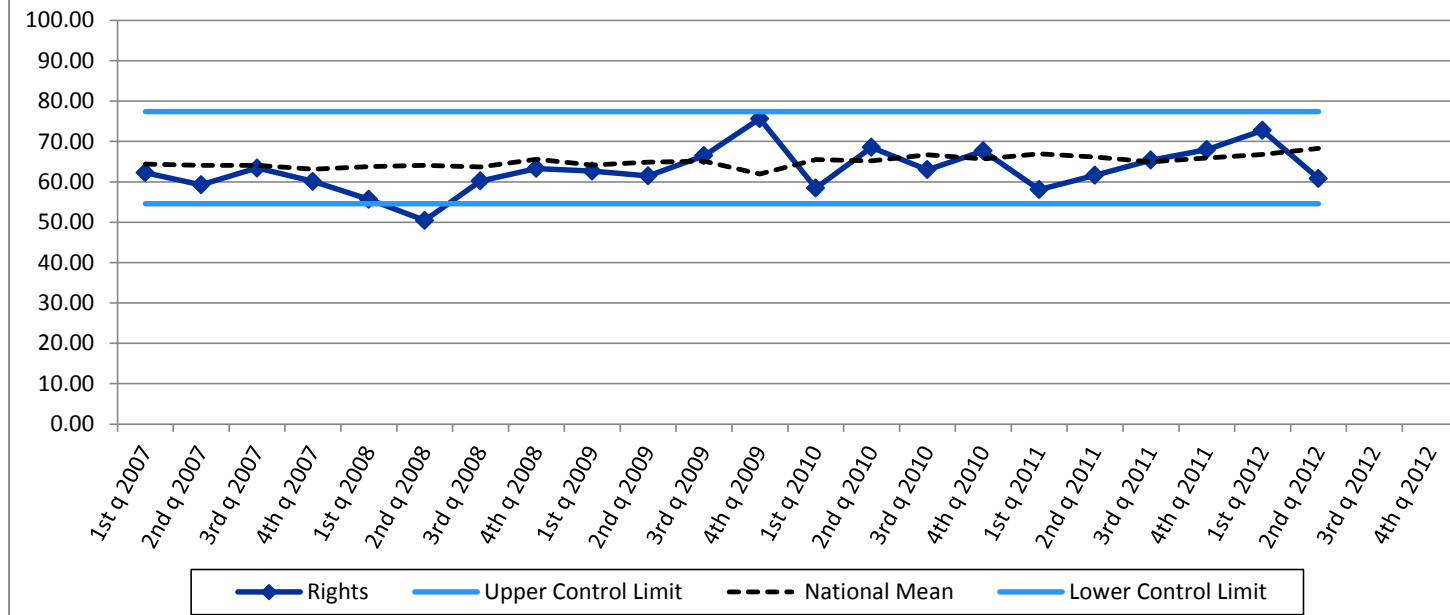


Although the majority of data points for API are below the national mean, API's scores for the Outcome Measure have remained consistently within the upper and lower control limits since the first quarter of 2005. Each of API's data points which falls within the upper and lower control limits is not statistically significantly different from the National Mean. 4th quarter 2011 results fell below the lower control limit, which may be due to a very low number of patient surveys collected in November of 2011 which allows a negative response to have a strong influence on outcome. API will work to improve collection of discharge surveys to improve assurance of survey results.

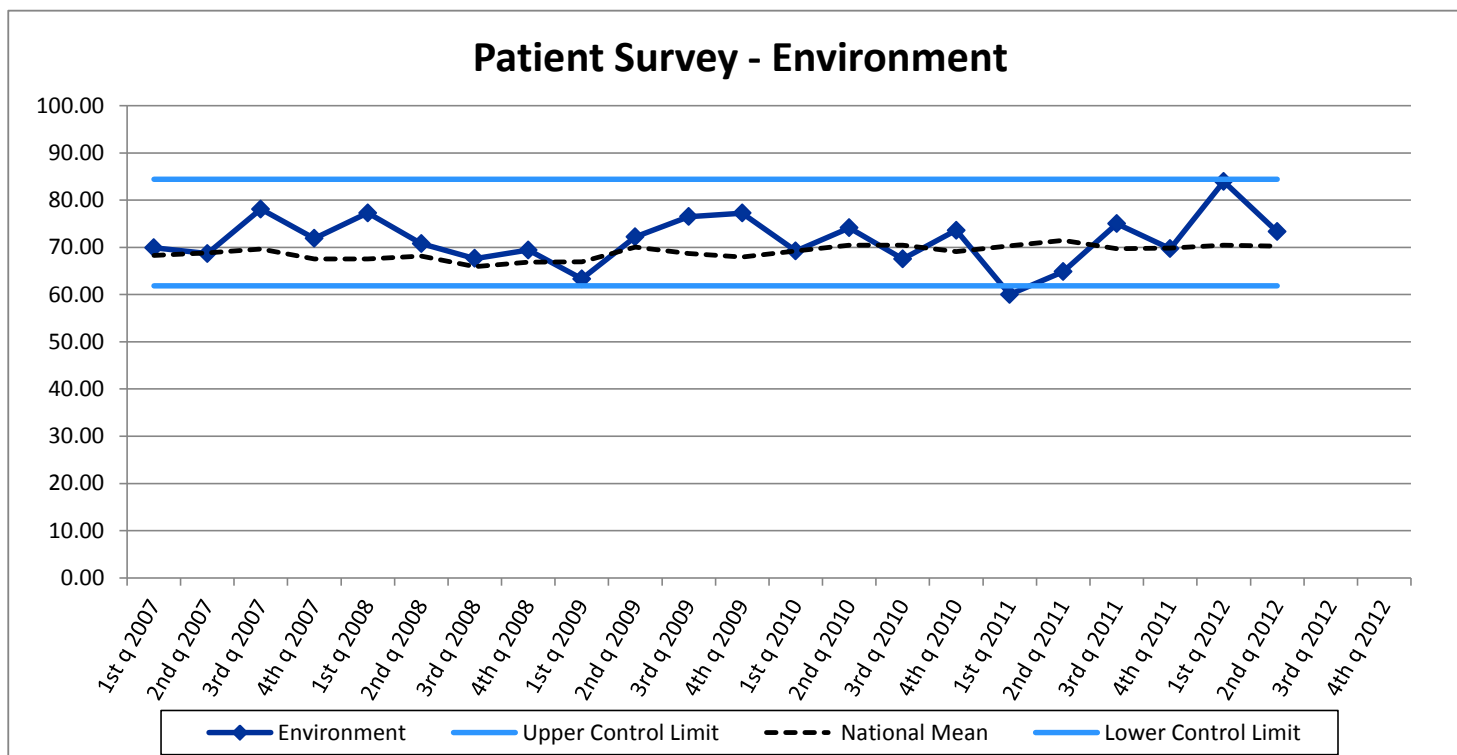


This measure reflects the percentage of patients interviewed upon discharge that agree or strongly agree with four statements regarding the dignity and respect with which they were treated during their stay at API. Of the five areas included in the survey, dignity is the domain with the highest scores. This measure is tracked in comparison with the weighted national mean. However, the goal in this area is to consistently maintain high scores. Hospital leadership will continue to monitor this measure for trend changes below national mean results.

Patient Survey - Rights

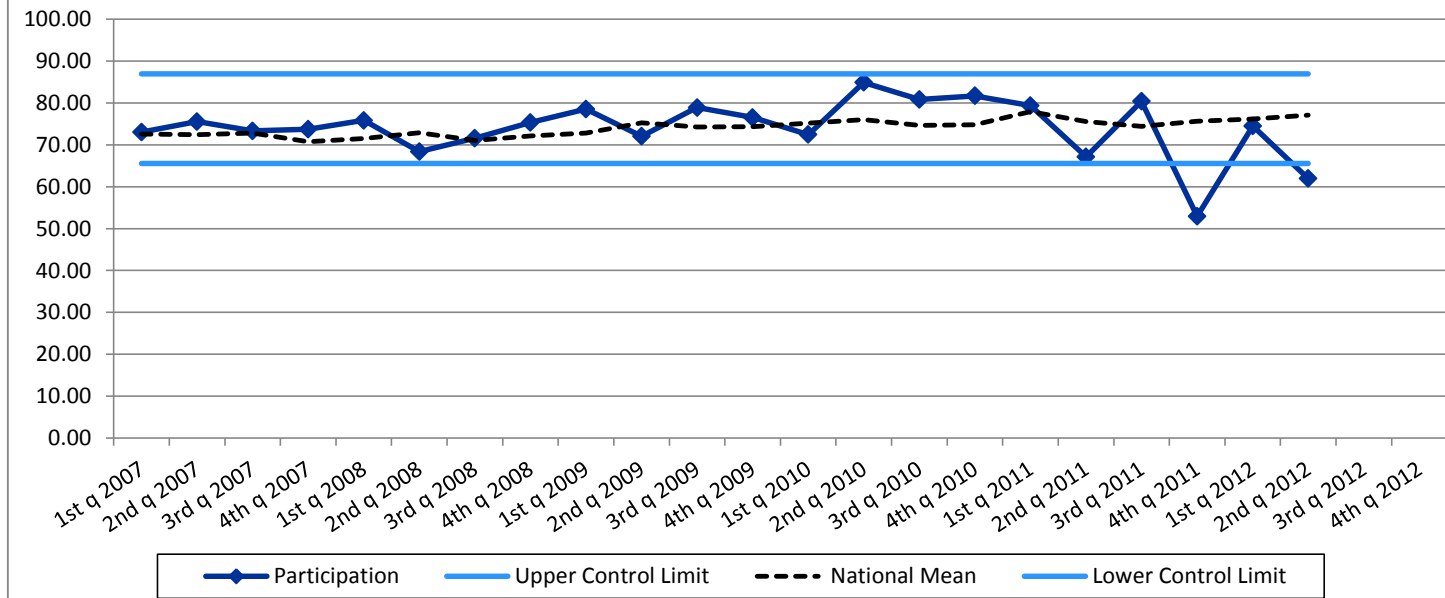


The 'Rights' domain of the inpatient survey results show a higher monthly and quarterly variability than the other four areas. Contributing factors to this increased variation are the high percentage of missing or illegible responses in this category and fewer questions within the overall domain.



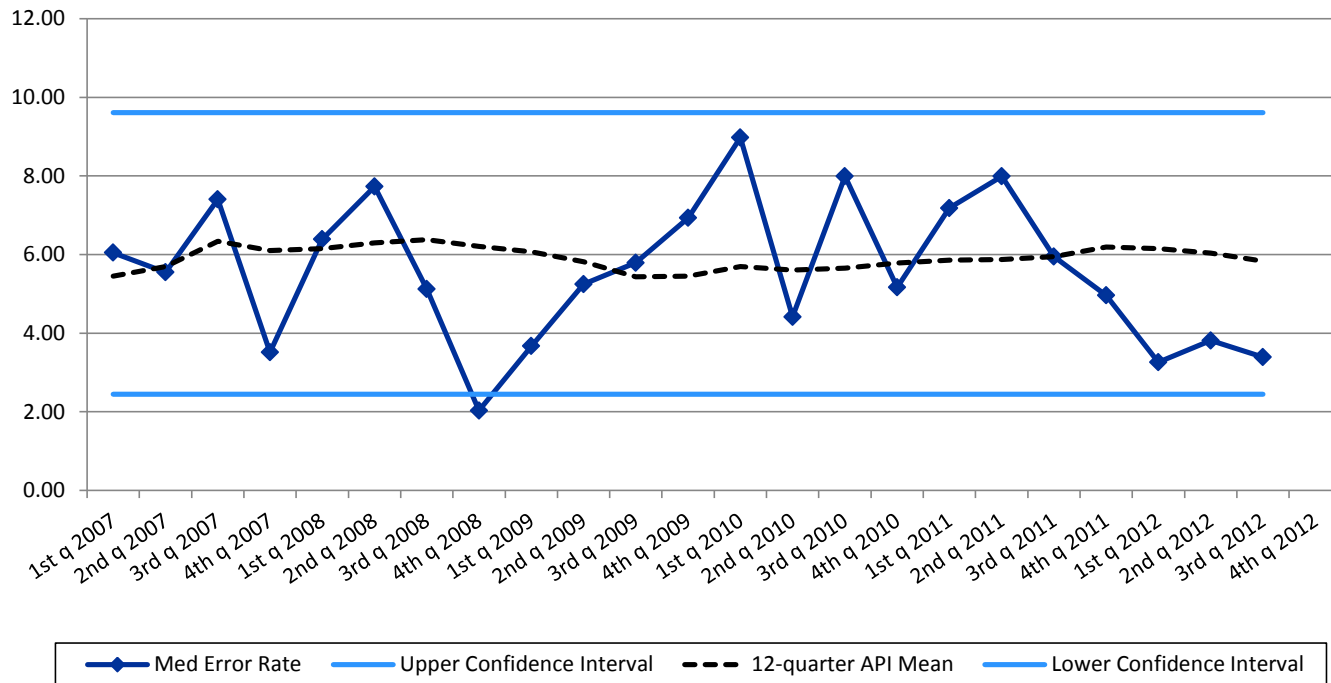
Of the five domains on the MHSIP, Environment is the one that API consistently scores higher than the National mean. The degree to which the scores are above the national mean do not make them statistically significantly different from the mean. However, API's goal in this area is to consistently maintain high scores.

Patient Survey - Participation



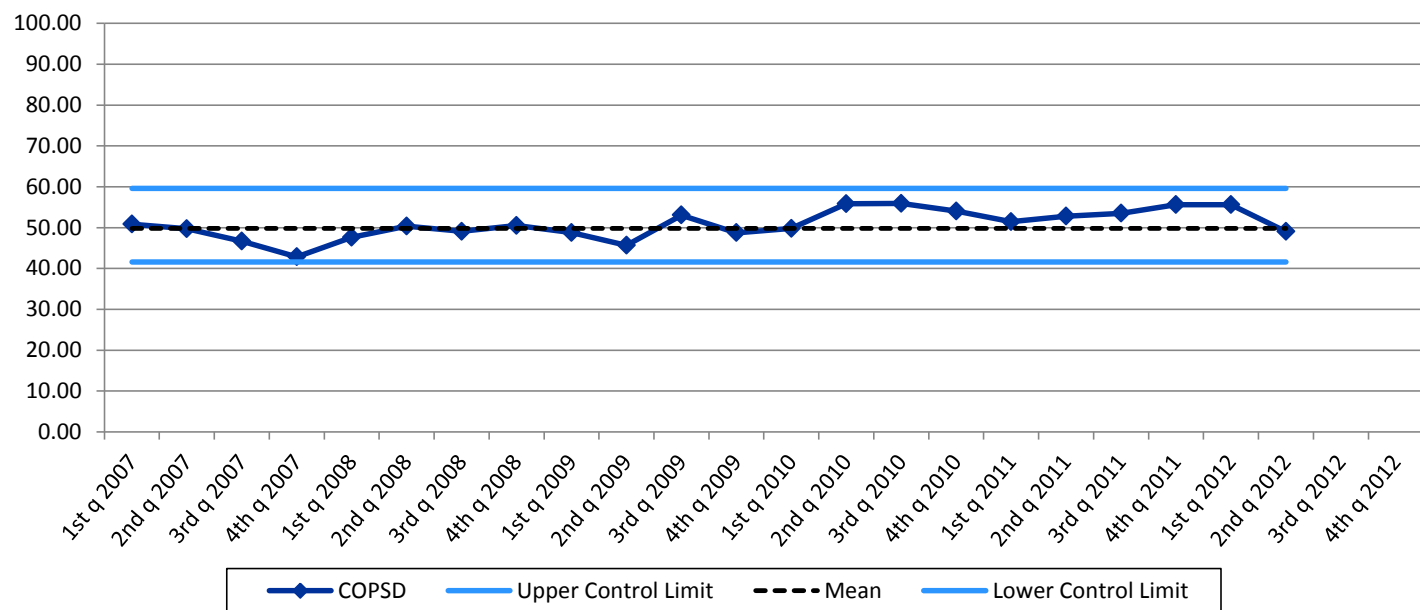
This measure reflects the percentage of patients interviewed upon discharge that agree or strongly agree with three statements about participation in treatment during the hospital stay as well as discharge planning. The quarterly scores in the participation domain of the consumer survey for API show variation within an expected range. 4th quarter 2011, and 2nd quarter 2012 results have fallen below the lower control limit. Hospital leadership will be considering what variables may be effecting this measure and what initiatives may provide improvement.

Medication Error Rate



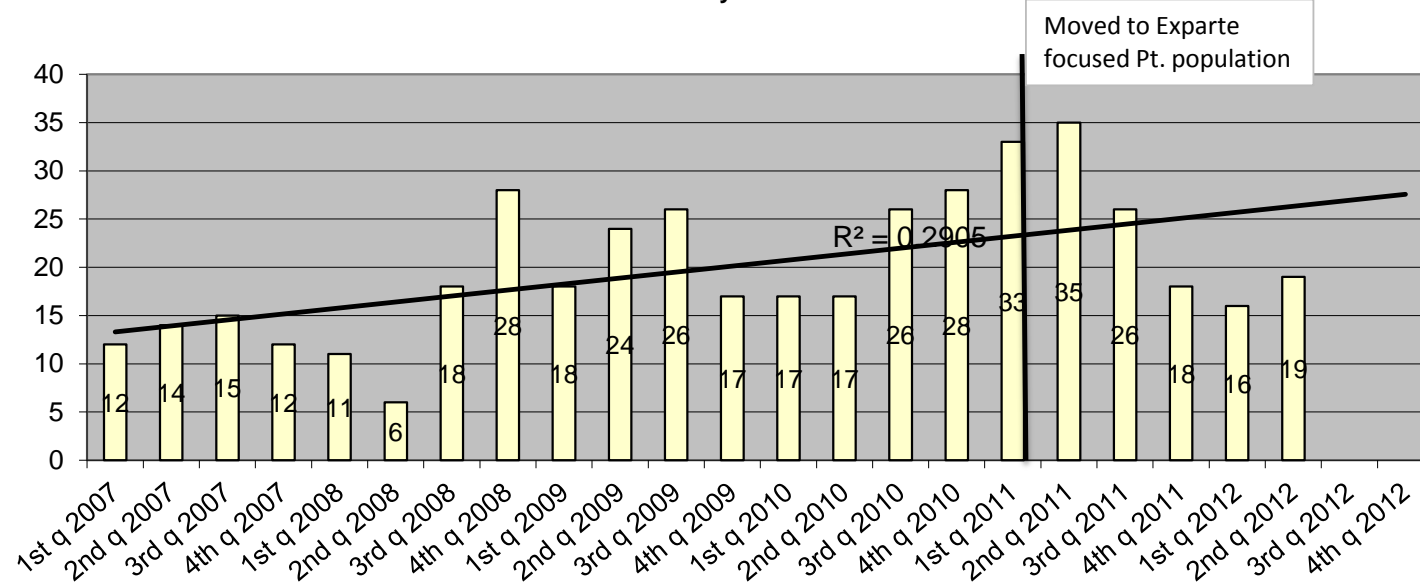
API has not experienced any special cause variation since the 4th quarter 2008 and is experiencing a period of common variation that represents a stable system.

Rate of COPSD (Co-Occurring Psychiatric & Substance Use Disorders)



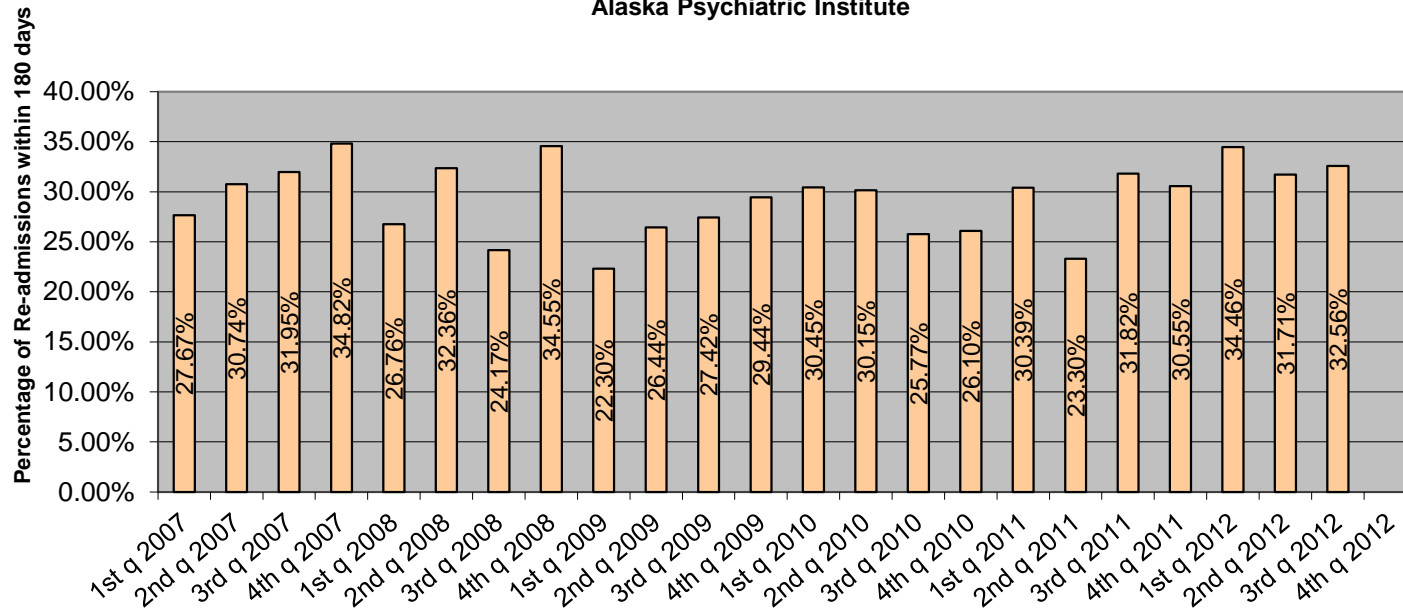
The COPSD rate is the percentage of patients admitted to API with a substance use diagnosis in addition to a psychiatric diagnosis. The national mean is not part of this chart as it is no longer available as a benchmark. The mean here, is the average of the percentage of patients with COPSD each month from January 2005 through June 2012. The patient population remains fairly consistent, and thus there is low variability around the mean. While there is no expectation for this rate to change in the future, API continues to use this measure as a reminder that a significant proportion of patients here have co-occurring disorders.

Quarterly Trend of Court Approved Medications Alaska Psychiatric Institute



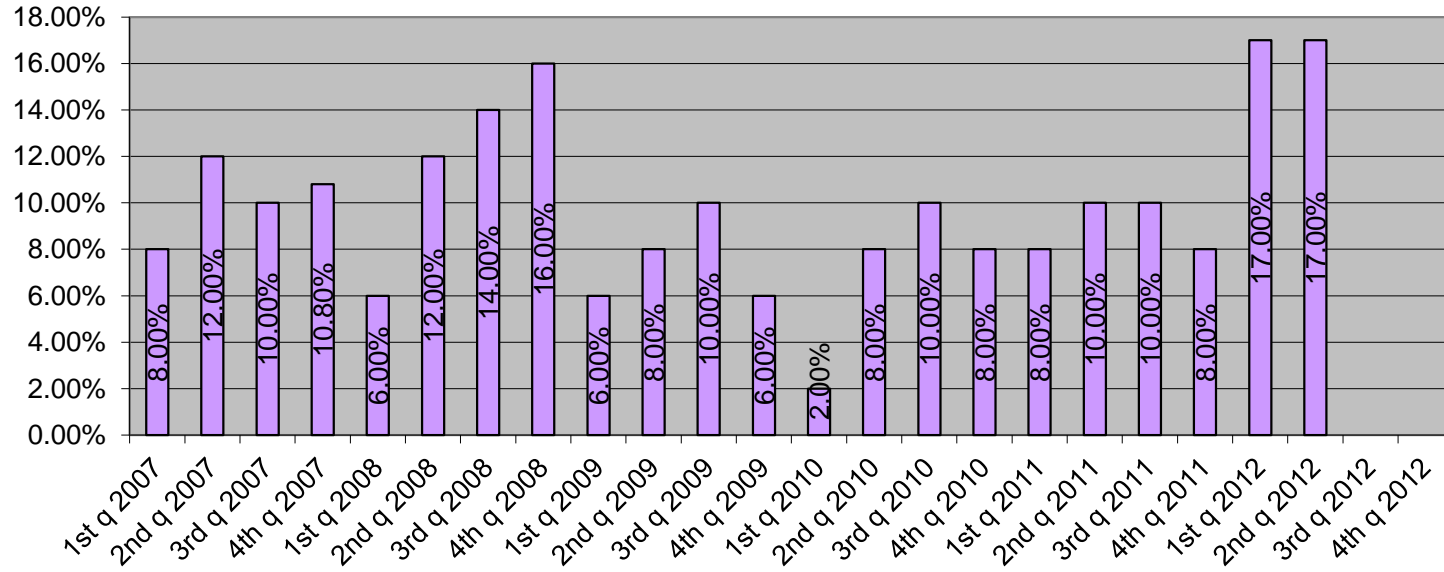
The trend line is not particularly robust in this chart as the variation in the regression to the mean for each quarter is highly variable. This means that there is neither a significant increasing or decreasing trend in the number of Court Approved Medications over the last 22 quarters. Many factors effect the quarter by quarter variations in court ordered medications, including but not limited to: severity of acute illness, effects of census on individual patients, type of illness, etc..

180 Day (Adult) Re-admits by Quarter 2006 - 2010
Alaska Psychiatric Institute



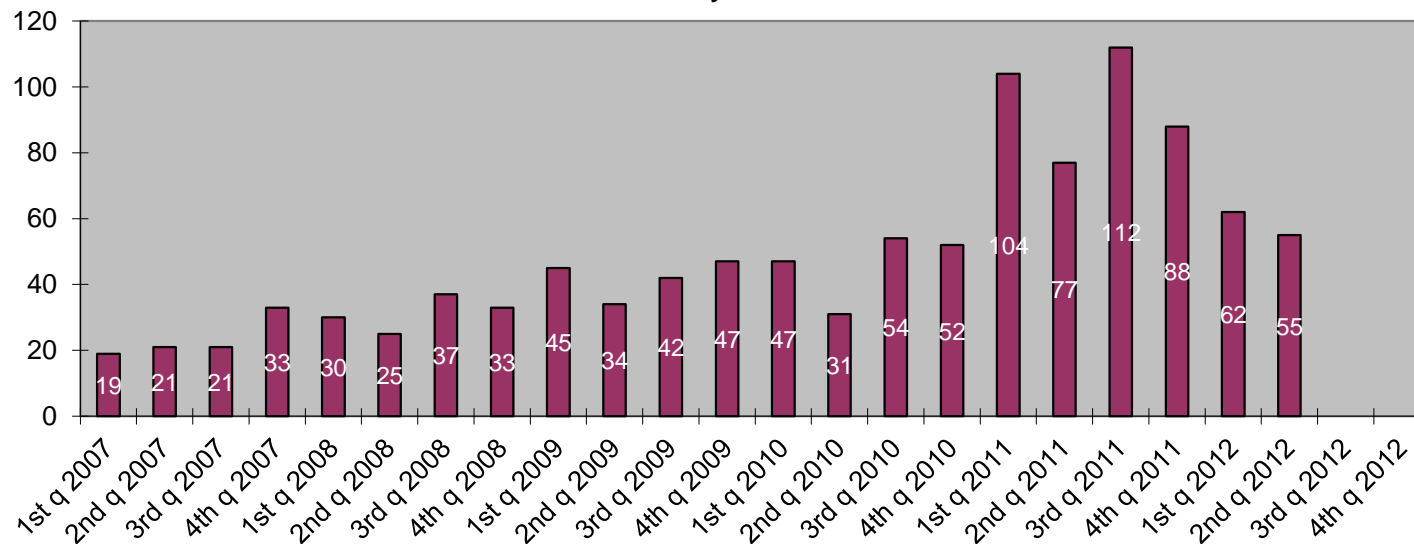
The rate of 180 Day readmissions over the past five years as depicted in this graph, shows that API is very consistently re-admitting about one third of all discharges within six months. API is working to improve admission processes which include improved evaluation of what is not working for patients that return within 180 days. The hospital will work to use identified problems to further improve the system of care.

Nursing Vacancy Rate Alaska Psychiatric Institute



The nursing vacancy rate is cyclical by nature. Among the factors that add to the variability for this measure are attrition, retirement, and extended leave of absences. The extent of a long-term cycle remains to be seen.

**Total Number of Patient Assault Events Toward Staff or Other Patients
by Calendar Year Quarter 2007 - 2012
Alaska Psychiatric Institute**



API's efforts to improve this measure include improvements to treatment programming, patient engagement, and adoption of other mental health care best practices that show evidence of effectiveness in the acute care setting. There appears to have been some improvement in this measure over the last two quarters, and it will continue to be monitored.